

February 27, 2023

Greetings Members of the Nevada Assembly's Committee on Government Affairs:

I am a pediatrician who has seen first-hand the consequences of lack of access to quality healthcare, especially for the poor and lower middle class who cannot afford health insurance. You are no doubt aware that there are census tracts in Nevada that are badly underserved, or not served at all, by healthcare professionals. We are desperately short of primary physicians, obstetrician-gynecologists and psychiatrists.

Hence we have the amended Assembly Bill 45, adding psychiatry to the list of specialties eligible for tuition reimbursement, and prioritizing the participation of providers who accept Medicaid. Treasurer Conine and Chief Policy Analyst Jimenez have put together an excellent bill that takes a big step forward to address this need, while at the same time, being very budget-efficient doing it. I honestly can't think of a more thoughtfully crafted healthcare bill this session that will extend critical services to Nevadans while respecting our taxpayers.

My Background: Before serving on the City of Reno's COVID Task Force and Data Subcommittee, I ran a pediatric practice called Reno Center for Child and Adolescent Health. I designed the practice to accept the sickest and most fragile patients, and the most complex cases in Reno. RCCAH was, essentially, an outpatient intensive care unit in an office on Baker Lane. The practice had a "no refuse" policy for patients referred by Washoe County Social Services and by any law enforcement agency. We handled patients from newborns into their 20s, and the practice won numerous awards for our medical care, vaccinations and community service. My workdays routinely ran from 12-15 hours. My wife, Stacey, a pediatric neurologist, kept similar hours for kids with epilepsy, migraines, muscular dystrophy and developmental disabilities.

My biggest challenge in the office, in terms of specialty care that was very hard to obtain for my patients, was psychiatry, and the second biggest was obstetrics/gynecology. There were few professionals available; their practices

were full and no one wanted to accept Medicaid or charity cases. Sometimes I paid a specialist out of my own pocket to see my patient.

We need more primary care providers in many parts of Nevada. This bill is an important part of the solution.

Last summer, I conducted some research on the mental health crisis at the request of Reno Mayor Hillary Schieve. This research included interviews with mental health professionals, including psychiatrists and therapists. Here is what I found:

1. SAMHSA defines Any Mental Illness (AMI) as “having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Any mental illness includes persons who have mild mental illness, moderate mental illness, and serious mental illness.”
2. Nationwide, in 2020 statistics, 19% of Americans have a mental illness and 4.55% have a serious mental illness. About a third of patients with mental illnesses rely on Medicaid to pay for services. **One in five Nevadans** have a mental illness of some type, ranging from mild to severe. Mental illnesses, including substance abuse, destroy more families every year than any other category of illness – more than cancer, more than trauma, more than infections.
3. Nevada is ranked 46 out of 50 in access to care. Adults and children with mental illness did not receive care, or did not receive consistent care, lacked insurance or other financial ability, or had insurance not acceptable to providers or insurance that did not cover mental illness.
4. For adults needing mental healthcare, Nevada is ranked 46 out of 50 states. See <https://www.mhanational.org/issues/ranking-states> For children, Nevada is ranked 51, behind all other states and the District of Columbia. There are proportionally more children with mental illnesses here and they do not have access to mental health services. They have major depression, anxiety and other disorders and more are uninsured, reliant on Medicaid, or even have health insurance that does not cover mental illnesses.
5. Investments by the State and others pointed at mental health for the poor and lower middle class are mostly focused on crisis situations and suicide,

not on prevention and treatment of most acute and subacute mental illness and prevention.

6. Wealthy and upper middle- class residents are more likely to have the financial means, including cash or commercial health insurance that covers mental health treatment. Many health policies do not cover it or provide marginal coverage with restrictions.
7. Mental health providers, including psychiatrists and therapists, complain of inadequate reimbursement from Medicaid, and often turn away patients with serious, complex mental illnesses, citing inadequate reimbursement and high legal liability for poor outcomes and a reluctance to engage in case management. Simply put, these complex patients require a lot of time, offer lower compensation, and a higher risk of lawsuits. As long as there are more well insured patients than providers able to see them, providers can fill their schedules without Medicaid. They restrict their practices to more minor mental illnesses that are easier to treat and less likely to result in lawsuits. Many do not have hospital privileges and therefore do not involve themselves with hospitalized patients, not even their own patients who have been admitted to inpatient units, depriving such patients of experienced help. **This is not because none of them want to help; it's because they fear being in the midst of a non-supportive environment in which they can't pay their bills.**

The amended Assembly Bill 45 will help address some of this by not only offering to eliminate medical student loans for psychiatrists who set up offices in deprived communities, but giving priority to those psychiatrists who agree to accept Medicaid for payment. This will encourage psychiatrists, and support them, to see the patients who most need them, without imposing a mandate or regulation that they likely would see as punitive.

About OB_GYN care: Some of you may recall the Doximity survey, reported by NBC News back in 2019, demonstrating a severe shortage of OB-GYN specialists in the Las Vegas metropolitan area. Conditions have not gotten any better since then, I assure you, and since the US Supreme Court's Dobbs vs. Jackson decision

in 2022, the demand for obstetrical and gynecological services has accelerated. **This is not about how any of us feel about abortion - this is about how we handle an increase in the number of patients in Nevada looking for OB-GYN services. Abortion is a small part of that. The patients need that service, and AB45 addresses it.**

I want to compliment Treasurer Conine and Analyst Jimenez for their grasp of the situation. The bill which will be introduced Match 1 provides an excellent incentive for new doctors and other professionals to serve patients who badly need them. These are hard-working Nevadans who are a vital part of our economy and need and deserve our help. AB45 invites our healthcare professionals to do the right thing and rewards them for doing it. It offers incentives in fields where there are shortages, and it prioritizes caring for working families who cannot afford health insurance while not imposing any unwelcome mandates on our healthcare professionals.

I also want to recognize and thank Mayor Schieve for her herculean efforts to support mental health care in Reno, and for her far-sighted crisis care blueprint that informed so many of us in Reno.

Please support the amended AB45. I want both Democrats and Republicans to come together on this. I welcome discussion and would be happy to talk to you.

Thank you all for your very hard work.

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